

# TNCC 2012

## Trauma Nurse Core Course

### 2-Day Provider Course:

The Trauma Nurse Core Curriculum (TNCC) is a 2-day standardized course providing the learner with core-level trauma knowledge and psychomotor skills associated with implementing the trauma nursing process. The TNCC teaches a systematic approach for the care of the injured patient.

<u>Course Dates</u>	<u>Course Time</u>	<u>Location</u>
Jan 26 <sup>th</sup> & 27 <sup>th</sup> , 2012	0730-1730	Training Ctr. @ Rivercrest
Apr 12 <sup>th</sup> & 13 <sup>th</sup> , 2012	0730-1730	Training Ctr. @ Rivercrest
Jun 28 <sup>th</sup> & 29 <sup>th</sup> , 2012	0730-1730	Training Ctr. @ Rivercrest
Sep 20 <sup>th</sup> & 21 <sup>st</sup> , 2012	0730-1730	Training Ctr. @ Rivercrest
Nov 8 <sup>th</sup> & 9 <sup>th</sup> , 2012	0730-1730	Training Ctr. @ Rivercrest

*This program has been approved by Emergency Nurses Association for 14.42 contact hours. The ENA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission of Accreditation*

### 1-Day Reverification Course:

This is a 1-day Reverification Course for current (non-expired) TNCC Providers. Attendees will be required to present a current TNCC Provider card the day of the course.

<u>Course Dates</u>	<u>Course Time</u>	<u>Location</u>
May 25 <sup>th</sup> , 2012	0730-1730	Training Ctr. @ Rivercrest

*This program has been approved by Emergency Nurses Association for 7.75 contact hours. The ENA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission of Accreditation.*

**Course Fee: \*\*Pre-registration and Payment Required\*\***

**Health First Associate Fee: \$230.00**

**Public Fee: \$280.00**

**Registration: Please see reverse side of this flyer for registration information.**

*ENA suggests participants register 6 weeks prior to the course in order to allow sufficient time to read through the course manual. Registration will be accepted up until the week before the course as long as slots are available. Our classes do fill quickly so in order to reserve your place, please register as soon as possible.*

**Course Text:** Trauma Nurse Core Course, 6<sup>th</sup> ed. is required and included in the course fee. Textbook and pretest may be picked up at the Training Center once enrollment has been processed.

**Location:** Rivercrest Professional Center - 3470 N. Harbor City Blvd. (US1), Melbourne, FL 32935 (Located on US Hwy. 1 between Post Road and Parkway Blvd.)

**Contact:** Barbara Couch, Education Coordinator

Phone: (321) 434.1972

[barbara.couch@health-first.org](mailto:barbara.couch@health-first.org)

Fax: (321) 254.0795

Inter-Office Mail: Training Center, Rivercrest

**Cancellation: Must be made 7 days prior to program to avoid forfeiture of registration fee**

An administrative fee of \$75.00, which includes the course manual, will be deducted from all refunds. Refunds will be processed within 30 days. Program no-shows will result in a 100% forfeiture of tuition fees.

TNCC may be officially attended by RNs. It is recommended that the participant have at least six months of clinical nursing in an emergency care setting. It is assumed that the course participant possesses generic nursing knowledge, has an understanding of emergency care terminology, and has familiarity with standard emergency equipment. This course is intended for RNs but may be audited by other medical personnel.



# TRAINING CENTER Registration Form

Name:	
Mailing Address:	City: State:
E-mail Address:	Professional License #:
Work/Dept.Phone:	Cell/Home Phone:
Health First Associates Universal ID (Required) # _____	
Non-Associates Birth Month ____ Birth Day ____ Last 4 digits of SSN ____ Required (information used for databasing purposes only):	

Course Name(s) and/or Textbooks	Course Date(s)	Fee

Payment options are as follows and payment must be submitted with this registration form:

Select One (X)	Description	Amount Due
	Cash, Check or Money Order (Made Payable to HF Training Center)	
	Credit Card (MC, Visa, Discover): # _____ Exp. Date: _____	
	Health First Associates Only-Payroll Deduction : I authorize Health First to deduct over ____One ____Two ____Three pay periods until the amount indicated is paid in full.	

<b>Cost Center Transfer:</b> (not available for CPR or ACLS)  Manager Signature: _____ Cost Center #: _____ - _____ - _____	<b>Send form and payment to Barbara Couch:</b> Mailing Address: Health First Training Center 3470 N. Harbor City Blvd. Melbourne, FL 32935 E-mail address: <a href="mailto:barbara.couch@health-first.org">barbara.couch@health-first.org</a> Phone: (321) 434.1972 Fax: (321) 254.0795
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By signing this form, I agree my registration fee will be forfeited if I fail to cancel my registration within 48 hours of the start time of the course. A \$10.00 fee will be charged to process all refunds.

If I elected Payroll deduction, I understand and agree that upon my severance of employment, whether voluntary or involuntary, any balance due for this deduction will be withheld from my final check and/or from pay out of accrued PL. Additionally, if this course is of no cost to me, and I fail to cancel within 48 hours as noted above, a \$10.00 fee will be deducted from my paycheck.

Signature (Required)

Date

Office Use Only:  
 Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

GL Account #050 600001 6405 52 - Training Center